## 2020-2021 COVID-19 Vaccine Insurance Information Form [updated 1/6/2021]

The completion of this form is necessary for every vaccine recipient. If no insurance information is available, please fill out as much as possible using existing information.

Information about the person to receive v	vaccine (please	print):	*Required	Fields
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Name: (Last, First, MI)*	-	Date of birth: *  Month Day	Year	ge*	Sex: (Circle)*  Male Female
Street Address:*					
City:*	State: *	Zip:*	Phone:*		
EMAIL ADDRESS*:					

In signing this form, I agree that:

- 1. The information I provided is correct.
- 2. I have been provided the COVID-19 EUA Fact Sheet for Recipients and Caregivers which has information about the risks and benefits of the vaccine. I will be able to ask questions at the time I receive my immunization.
- 3. I have the legal authority to and give consent for me and any other person(s) I registered to be vaccinated with the vaccines(s) above.
- 4. I give permission for my insurance company to be billed for the costs of administering the vaccine(s). The government is paying for the vaccine itself and I will not be billed for that portion of the cost of my immunization.
- 5. I understand that as required by state law, all immunizations will be reported to the Department of Public Health Massachusetts Immunization Information System (MIIS). I can access the MIIS factsheet for Parents and Patients, at <a href="https://www.mass.gov/dph/miis">www.mass.gov/dph/miis</a>, for information on the MIIS and what to do if I object to my or my family's data being shared with other providers in MIIS.

Х		Date:
	(Signature of patient, parent or legal guardian)	
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## FOR CLINIC USE ONLY BELOW THIS LINE:

COVID-19 Vaccine	Type of Vaccine*	Dose	Route (IM)	Site (RA,LA, RT,LT)	Vaccine			EUA		
		Date of			lot#	mír.	Expir. Date	Date on EUA Factsheet	Date EUA Factsheet Given	
Pfizer-BioNTech COVID-19 Moderna COVID-19				IM						

Signature of Vaccine Administrator:		
Provider Name:Marlborough Board of Health	MDPH Provider PIN#:	11048
Provider Address: 140 Main Street, Marlborough, MA 01752		